

WRITE PLAINLY IN INK—THIS IS A PERMANENT RECORD—SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		
District of <u>Heala</u>	ORIGINAL CERTIFICATE OF BIRTH		
Town of _____	State Index No. <u>170</u>		
or	County Registrar No. _____		
City of <u>Heala</u>	Local Registrar No. _____		
No. <u>Indian Camp</u>		St. _____ Ward _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)		If child is not yet named, make supplemental report, as directed.	
2. Full name of child <u>Millie McVeetosh</u>			
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
5. No., in order of birth _____		7. Date of birth <u>11 21 26</u> Month day year	
8. FATHER		14. MOTHER	
Full name <u>Donald McVeetosh Sr</u>		Full maiden name <u>Kellie Astor</u>	
9. Residence (Usual place of abode) <u>Heala</u> If nonresident, give place and state <u>Ariz</u>		15. Residence (Usual place of abode) <u>Heala</u> If nonresident, give place and state <u>Ariz</u>	
10. Color or race <u>1/4 Indian</u>	11. Age at last birthday <u>44</u> (Years)	16. Color or race <u>1/4 Indian</u>	17. Age at last birthday <u>22</u> (Years)
12. Birthplace (city or place) <u>San Carlos</u> (State or country) <u>Ariz</u>		18. Birthplace (city or place) <u>San Carlos</u> (State or country) <u>Ariz</u>	
13. Occupation <u>Copper Miner</u> Nature of industry _____		19. Occupation <u>Housewife</u> Nature of industry _____	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>3</u>		<u>No</u>	
(b) Born alive but now dead <u>1</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>9:30 AM</u> on the date above stated. (Born alive or stillborn.)			
Signature <u>P. H. Sawyer M.D.</u>		(Physician or midwife)	
Address <u>San Carlos Ariz</u>		Local Registrar. <u>P. H. Sawyer</u>	
Given name added from a supplemental report _____		County Registrar. _____	
Month, day, year. _____		Filed _____ 19 _____	
Registrar. _____		Filed _____ 19 _____	

448-1121-519